

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Name and Address of Company:

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In connection with the above named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NONE" OR "NO EXCEPTIONS," SO STATE.

1. Affiant's Full Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

2. Other Names Used at any Time: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

4. Social Security No.: \_\_\_\_\_

5. Schooling: High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

or Professional \_\_\_\_\_

Degree (List) \_\_\_\_\_

(ATTACH LIST OF ALL EDUCATIONAL INSTITUTIONS AND LOCATION-CITY AND STATE)

6. Member of Professional Societies or Associations (List):

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7. I control directly or indirectly, or own legally or beneficially 10% or more of the outstanding capital stock (in voting power) of, the following insurers:

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7a. If any of the above stock is pledged or hypothecated in any way, please detail fully: \_\_\_\_\_

8. Present Chief Occupation:

Position or Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

How long in this position? \_\_\_\_\_

How long with this employer? \_\_\_\_\_ Where? \_\_\_\_\_

9. Other jobs, positions, directorates, or officerships concurrently held at present:

\_\_\_\_\_  
\_\_\_\_\_

10. Complete Employment Record for Past 20 Years:

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use Reverse Side If Necessary)

11. For the last 10 years, I have lived at the following address or addresses:

<u>ADDRESS</u>	<u>CITY</u>	<u>DATES</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

12. I have never been adjudicated as bankrupt, except as follows:

\_\_\_\_\_

13. I have never been convicted or had a sentence imposed, suspended or had pronouncement of a sentence suspended or been pardoned for conviction of, or pleaded guilty of or nolo contendere to an information or an

indictment charging a felony for embezzlement, theft or larceny, mail fraud, or violating any corporate securities statute or any insurance law, nor have I been the subject of a cease and desist order of any federal or state securities regulatory agency, except as follows: \_\_\_\_\_

14. During the last 10 years, I have neither been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, nor has such a license held by me ever been suspended or revoked, except as follows: \_\_\_\_\_

14a. I presently hold or have held in the past the following professional, occupational, and vocational licenses issued by public or governmental licensing agencies or authorities (state date license issued, issuer of license, date terminated, reason for termination): \_\_\_\_\_

15. I have never been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of an insurer which, while I occupied any such position or capacity with respect to it, became insolvent or was placed in conservatorship or was enjoined from or ordered to cease and desist from violating any securities or insurance law, except as follows: \_\_\_\_\_

16. The certificate of authority or license to do business of any insurance company of which I was an officer, director or key management person has never been suspended or revoked while I occupied such position, except as follows: \_\_\_\_\_

17. No insurer of which I was an officer, director or key management person at the time has ever been denied or refused or voluntarily withdrawn its application for a license or certificate of authority, except as follows: \_\_\_\_\_

18. Neither I nor any company of which I was an officer, director or key management person at the time has ever been subject to any civil action alleging fraud, negligence or violation of any applicable racketeering statutes (state or federal), except as follows: \_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

at \_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief and further, by the affixation of my signature hereon, I hereby give my certified consent to the New Jersey Department of Insurance to verify the representations and information supplied in response to all questions on the biographical data form, with any Federal, State, municipal or other agency which may have knowledge and/or information thereof.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that affiant executed the above instrument and that the statements and answers contained therein are true and correct to the best of affiant's knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_